

Supplementary Personal Statement

Motor sports questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care Phone 133 667

Email

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Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Personal Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Details of life insured	
Application/Policy number(s) if known	
Title	Mr Mrs Ms Dr Other
Surname	
Given name(s)	
Date of birth (dd/mm/yyyy)	
	articipating in motor sports?
2. Please state the event(s) that	t you are involved or compete in:
3. Please state type of vehicle	including class or formula of car or motorcycle:
4. What is the engine capacity	
5. Do you have a CAMS licence	??Yes No
If yes , state classification	
6. Do you compete as an ama	reur or professional? Amateur Professional
	vents of a different type or drive different vehicles in the future?
If yes , indicate events and/or v	rehicles:
	or racing club?
If yes , indicate events and/or v	
Name of Club	

0. Please state				iting in mo	kph tor sports:		Average s	peed		kŗ
2. Have you ever engaged in, or antici record attempt or test of any vehicle									\(\)	es N
yes , please give full details:										
3. Are you sponsored?										res
yes, please provide details:										
Declaration and authorisation the life to be insured, declare that I han tatements and answers provided in this orm in conjunction with any other state whether to extend life insurance cover the state of the state	ive read and is questionna ements mad	aire are true le in conne	e, accurate ction with t	and comp this applica	lete. I unde	erstand th	at the inform	ation I p	rovide	on this
consent to the collection, use, storage ontained in the PDS (including discussissociated with this application). OnePa	ing any infor	mation obt	ained from	me and a	ny doctors	or accour	tants with th			
I have provided personal information ne Privacy Policy and the Privacy Stater		entified pe	rson, I decla	are that I h	ave their p	ermission	to do so ano	l I have i	nforme	d them of
ame of life insured										
ignature (sign clearly within the box)	X						Date (dd/mm/y	ууу)	/	/

Postal address

OnePath Locked Bag 994 North Sydney NSW 2059